er ment of Labor of Labor-Management Standards DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

r Official Use Only	THE THE PARTICULAR CAPER	FULLY BEFORE PREPARING THIS REPORT.
S Bock S	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
(JUN 2 7 2005)		
Ms pro		County Scott
	19	2. Fiscal Year Covered From:
le Number U - 239	Δ	2. Fiscal Feat Covered 1 20 2 Through: 12/31/2009
		Name, file number, and address of labor organization.
lame and address of person	n filing.	4. Name, file number, and address states
ame and address of person		Name Class, molders Pottery Plastics & Allied workers Local 74
me Jerri	A. Haver	Labor Organization File Number 008441
		Labor Organization File Number
		P.O. Box, Building and Room Number, if any
O. Box, Bldg., Room No., if	fany	
		Street 240 N. Washington St.
reet 1/2 5ec	rond Avenue	
		city T. f.f.in
ity TIFIN		
tate OHio	ZIP Code +4 4488	
		at & workers compensation Rep.
Position in labor organization	on. The TResides	WIT & WORKERS IV
	(0.00)	our spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions): with, or derived income or other economic benefit of
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A. Held an interest in, engmonetary value from an engmonetary value from No. Street City State 15. Signature and verific submitted in this report (in undersigned's knowledge)	gaged in transactions (including loans) were proper whose employees your organized ployer (including trade name, if any). ZIP Code + 4 Cation. The undersigned declares, under perioduding the information contained in any account and belief, true, correct, and complete. (See	vith, or derived income or other economic benefit of anization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature Enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the ethe section on penalties in the instructions.)
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Name of Person Fining	2011
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered upor from any labor relations consultant to an employer any payment of more	nder parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any	
Street Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.